

<b>DELINEATION OF PRIVILEGES - PATHOLOGY</b> For use of this form, see AR 40-68; the proponent agency is OTSG <i>(DA Form 5504A-R Must be Completed and Attached to this Form)</i>		REQUESTED BY		DATE	
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF			
<b>Delineation of privileges must be based on an individual's education, training, experience, and demonstrated current competency.</b>		APPROVED WITHOUT LIMITATION	APPROVED REQUIRES QUALIFIED SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED
<b>Category I.</b> Board certified or Board eligible in clinical and/or anatomic pathology but requires immediate supervision. <b>Category II.</b> Board certified in clinical and/or anatomic pathology and requires no supervision. <b>Category III.</b> Board certified with additional certified competence in subspecialized area or with appropriately documented training and experience beyond board certification.					
<b>AREAS OF ANATOMIC AND CLINICAL PATHOLOGY</b> <i>(Write Category I, II, or III to Indicate Level of Privileges Requested.)</i>					
Anatomic Pathology					
	a. Surgical Pathology				
	b. Autopsy Pathology				
	c. Cytopathology				
	d. Neuropathology				
	e. Dermatopathology				
	f. Electron Microscopy				
	g. Immunohistology				
	h. Forensic Pathology				
<b>ADDITIONS</b> <i>(Specify)</i>					
<b>EXCEPTIONS</b> <i>(Recommended by Department Chief)</i>					
Clinical Pathology					
	a. Clinical Chemistry				
	b. Hematopathology				
	c. Immunohistology				
	d. Blood Banking				
	e. Clinical Microscopy				
	f. Microbiology				
	g. Radioisotopic Pathology				
	h. Serology				
<b>ADDITIONS</b> <i>(Specify)</i>					
<b>EXCEPTIONS</b> <i>(Recommended by Department Chief)</i>					